

In the Supreme Court of the State of Idaho

IN RE: AMENDMENT OF IDAHO
RULES OF FAMILY LAW PROCEDURE

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ORDER AMENDING
RULES

The Court having reviewed a recommendation from the Children and Families in the Courts Committee and Administrative Conference to amend the Idaho Rules of Family Law Procedure, and the Court being fully informed;

NOW, THEREFORE, IT IS HEREBY ORDERED that the Idaho Rules of Family Law Procedure, as they appear in the volume published by the Idaho Code Commission, be, and are hereby, amended as follows:

1. That Rule 112 be, and the same is hereby, amended as follows:

Rule 112. Appearance and Withdrawal of Counsel.

Except as otherwise provided in these rules, or by stipulation and order of the court, no attorney may withdraw as an attorney of record for any party to an action without first obtaining leave and order of the court upon a motion filed with the court, and a hearing on the motion after notice to all parties to the action, including the client of the withdrawing attorney. Leave to withdraw as a counsel of record may be granted by the court for good cause and upon such conditions or sanctions as will prevent any delay in determination and disposition of the pending action and the rights of the parties. Provided, that at the conclusion of any family law proceeding to which these local rules apply, attorneys for both parties shall be deemed to have automatically withdrawn as the attorneys of record effective when the time for appeal from the final judgment has expired and there are no proceedings pending.

A. **Leave to withdraw - Notice to client.** If an attorney is granted leave to withdraw, the court shall enter an order permitting the attorney to withdraw. After the order is entered, the clerk shall immediately serve a copy of the order on all parties in accord with Rule ~~115.D~~ 819. The order shall direct the party whose attorney is withdrawing to appoint another attorney to appear, or to appear in person by filing a written notice with the court stating how the client will proceed without an attorney, within 20 days from the date of service. Upon the entry of an order granting leave to an attorney to withdraw from an action, no further proceedings can be had in that action which will affect the rights of the party of the withdrawing attorney for a period of 20 days after service of the order. If such party fails to file and serve an additional written appearance in the action either in person or through a newly appointed attorney within such 20 day period, such

failure shall be sufficient ground for entry of default and default judgment against such party or dismissal of the action of such party, with prejudice, without further notice, which shall be stated in the order of the court.

2. That Rule 201 be, and the same is hereby, amended as follows:

Rule 201. Commencement of Action.

C. Proceedings to modify child custody, child support and spousal maintenance. A proceeding to modify child custody, child support, or spousal maintenance (alimony) is commenced by filing a petition or written stipulation in the original action. The stipulation shall expressly authorize the court to enter a modification judgment attached to or specifically identified in the stipulation. The petition shall be in a form similar to an original petition and shall be served upon all parties entitled to service along with (1) a summons and (2) any notices, forms and orders issued by the court at the time of filing of the motion. The method of service and return thereon shall be the same as for an original action and service shall be on the opposing party rather than on the previous attorney of record for the party. All averments of substantial and material changes in circumstances supporting a ~~motion~~ petition to modify child custody shall be stated with particularity. The petition shall be adjudicated in the same manner as an original proceeding, but the filing of a petition to modify a child custody, child support or spousal maintenance judgment shall not be deemed the commencement of an action under Idaho Code Section 5-404 and there shall be no right for an existing party in the lawsuit to disqualify the judge without cause pursuant to Rule 107 if that judge had previously presided in the lawsuit and had not been disqualified. The petition or stipulation to modify shall be resolved by the entry of a judgment as provided in Rule 803.B. All orders issued in adjudicating the ~~motion~~ petition to modify prior to the entry of the judgment are interlocutory orders.

3. That Rule 207 be, and the same is hereby, amended as follows:

Rule 207. Form of Pleading Documents; Caption; Name of Parties; Language; Abbreviation; and Numbers

~~Every pleading shall satisfy any statutory requirements and contain a caption setting forth the name of the court, the names of the parties, the title of the action, the file number, and the type of pleading. A party's designation as petitioner or respondent shall continue in all future proceedings, including proceedings to modify or enforce a judgment or decree and proceedings for contempt. When the name of the respondent is unknown to the petitioner, the respondent may be designated in the pleadings or proceeding by any name. When the respondent's true name is discovered, the pleading or proceeding may be amended accordingly.~~

A. Form, Caption and Name- Generally. The following requirements apply to all documents filed with the court:

~~Every pleading, motion, notice, or judgment or order of the court shall be typed with black ribbon or produced by a computer or word processor type printer of letter quality on white paper and contain a caption setting forth the names of the parties, the title of the district court, together with the assigned number of the action, the designation of the document or pleading and the names, addresses and phone numbers of the attorneys appearing of record for the party filing the document or pleading and the typewritten name of the person signing the pleading. All pleadings, motions, notices, judgments, or other documents filed with the court shall be typed on 8 1/2 X 11 inch paper. The body of all such documents may be typed with double line spacing or one and one half (1 1/2) line spacing with pica standard typing of not more than 10 letters to the inch. Every pleading shall have the name or designation thereof typed at the bottom of each page, and all attached exhibits must be legible and subject to reproduction by copying processes or be accompanied by a typewritten duplicate, and all handwritten exhibits shall be accompanied by a typewritten duplicate. In the petition the title of the action shall include the names of all of the parties, but in subsequent pleadings it is sufficient to state the name of the first party on each side with an appropriate indication of the other parties. The title of the court shall commence four (4) inches from the top of the first page. The name, address and telephone number of the attorney, or person appearing in propria persona, shall be typewritten or printed above the title of the court in the space to the left of the center of the page and beginning at least two (2) inches below the top edge thereof. The currently valid Idaho State Bar Number of the attorney shall be typewritten or printed immediately below the attorney's telephone number. Pleadings or motions requiring filing fees shall also contain designations of the category of the action, the nature of the document and filing fee category and filing fee prescribed by Appendix "A" to the Idaho Rules of Civil Procedure. Prisoners incarcerated or detained in a state prison or county jail may file documents under this rule that are legibly hand-printed in black ink, in whole or in part, that otherwise conform to the requirement of this rule. This rule does not apply to printed forms approved by the Supreme Court or the Administrative District Judge or distributed through the Court Assistance Office in the county where the lawsuit is pending. Such forms may be completed by legibly hand-printing in black ink or by typing.~~

- (1) they must be printed in black ink using a computer printer, word processor or typewriter on 8 1/2" by 11" white paper, except that:
 - (a) prisoners incarcerated or detained in a state prison or county jail may file documents under this rule that are legibly hand-printed in black ink; and
 - (b) forms approved by the Supreme Court or the Administrative District Judge or distributed through the Court Assistance Office in the county where the action is pending may be completed by legibly hand-printing in black ink or by typing;
- (2) they must contain a caption setting forth the names of the parties, the title of the court, the case number, the title of the document;
- (3) the title of the court must commence not less than 3 inches from the top of the first page;
- (4) the name, address, phone number, email address and currently valid Idaho State Bar Number of the attorney appearing of record or, if unrepresented, the address, phone number and email address (if any) of the self-represented party, must

appear above the title of the court in the space to the left of the center of the page and beginning at least 1.2 inches below the top of the page;

- (5) if an attorney is representing a party pro bono, this may be indicated immediately below the attorney's bar number with the words "pro bono" and an indication of any program sponsoring the pro bono appearance, such as Idaho Volunteer Lawyers Program, Idaho Legal Aid Clinic, or a law school clinic;
- (6) the body of the document must be printed with double line spacing or one-and-one-half (1 1/2) line spacing with a font of not less than 11-point size and with margins of not less than 1.2 inches at the top and sides and not less than 1 inch at the bottom unless slightly smaller margins will allow a document to fit on a single page;
- (7) the title of the document must appear at the bottom of each page;
- (8) all attached exhibits must be clearly legible;
- (9) all handwritten exhibits must be accompanied by a machine-printed duplicate;
- (10) the nature of the document, filing fee category, and filing fee prescribed by Appendix "A" of the Idaho Rules of Civil Procedure, must be stated if the document requires a filing fee; and
- (11) the title of the action in the complaint must include the names of all of the parties, but in subsequent pleadings it is sufficient to state the name of the first party on each side with an appropriate indication of the other parties.

B. Lost Papers. If an original pleading or paper be lost, the court may authorize a copy thereof to be filed and used instead of the original.

C. ~~Language, abbreviation and numbers, of Pleadings.~~ Pleadings shall must be in the English language. ~~Such abbreviations as are in common use may be used, and numbers may be expressed by words or numerals in the customary manner.~~

D. Abbreviations and Numbers. Common abbreviations may be used, and numbers may be expressed by words or numerals.

DE. Unknown party. When a party does not know the true name of the adverse party, that fact may be stated in the pleadings and the adverse party designated by any name and the words, "whose true name is unknown," and when the true name is discovered the pleading must be amended accordingly.

EF. Paragraphs – separate statements. All statements of claim or defense shall be made in numbered paragraphs, the contents of each of which shall be limited as far as practicable to a statement of a single set of circumstances; and a paragraph may be referred to by number in all succeeding pleadings. Each claim founded upon a separate transaction or occurrence and each defense other than denials shall be stated in a separate count or defense whenever a separation facilitates the clear presentation of the matters set forth.

FG. Adoption by reference; exhibits. Statements in pleading may be adopted by reference in a different part of the same pleading or in another pleading or in any motion. A copy of any written instrument which is an exhibit to a pleading is a part thereof for all purposes. All exhibits to pleadings must be legible, distinct and subject to clear copying by reproduction processes; and all exhibits not meeting this requirement, as well as all hand written exhibits, must be accompanied by a typewritten duplicate thereof at the time of filing.

4. That Rule 401 be, and the same is hereby, amended as follows:

Rule 401. Mandatory Disclosure in Contested Proceedings.

A. Child Support. In a case in which child support is an issue, each party (with the exception of the Idaho Department of Health and Welfare) shall disclose the following information to the other party:

1. a fully completed Affidavit Verifying Income on a form substantially in compliance with Rule 126.1 and ~~Appendix A~~ Form 5 and a Child Support Worksheet substantially in compliance with Rule 126.1 and ~~Appendix B~~ Form 6 or 7;

5. That a NEW Rule 720 be, and the same is hereby, ADOPTED as follows:

Rule 720. Brief Focused Assessments.

A. Definition of Brief Focused Assessment. A “brief focused assessment” is an assessment of a specific, narrowly defined issue or limited set of issues identified by a judge and designated in a court order. The purpose of the assessment is to provide the judge in a case that falls within the scope of these Rules with information generated through reliable procedures regarding focused questions that have been identified by the court as important to the resolution of a child custody dispute. A qualified assessor conducts interviews, makes observations, reviews relevant records, consults relevant collateral contacts and conducts additional activities in connection with the assessment. The evaluation process is guided by focused inquiry provided by the court or judicial officer. A brief focused assessment differs from other types of custody evaluations, including a Parenting Time Evaluation defined by IRFLP Rule 719, by being narrow in scope, more descriptive in reporting of data, and more limited in making inferences.

B. Limitations of Brief Focused Assessments. A brief focused assessment shall be limited to the issues identified in the court order and shall not contain any recommendations of a custody schedule or opinions from the assessor regarding the best interests of the child/ren.

Acknowledging the limited nature of a brief focused assessment, including the narrow scope of the issues assessed and data gathering related thereto, the assessor shall:

1. offer interpretations or opinions within the available data;
2. respond within the scope of the referral question(s);
3. clearly state the limitations of the response within the report;
4. avoid broad issues to be addressed by comprehensive custodial evaluations; and
5. seek clarification for specific areas of concern in broadly stated requests or orders.

C. Referral Procedures. A brief focused assessment may be initiated upon a motion of any party, agreement of the parties, or on the court’s motion. Upon receipt of a written stipulation of the parties, or upon granting the motion after proper notice and a hearing, the court shall issue an order that includes a well-defined referral question or set of questions, specifically naming the clinician or agency to conduct the assessment and to whom the report shall be provided upon completion.

D. Qualifications of Assessors. A qualified assessor is an individual who meets or exceeds the qualifications set forth in IRFLP Rule 719.D.1.

E. Issues Subject to a Brief Focused Assessment. A brief focused assessment shall be limited to assessing not more than three of the following issues:

1. the wishes of the child or children regarding custody, including the context and bases for those wishes;
2. the child/ren's academic performance and functioning within a defined time period, including, but not limited to, circumstances surrounding the child/ren's attendance at school or lack thereof;
3. the adequacy of the residence(s) of one or more of the child/ren's physical custodians including, but not limited to, cleanliness and safety;
4. the adequacy of the physical environment of any or all third-party care providers to the child/ren including, but not limited to, cleanliness and safety;
5. the need for supervision of the child/ren's contact with one of the parties and/or any other person involved in providing care to the child/ren;
6. whether or not the circumstances that surrounded a prior court order for supervised contact between a party and the child/ren have changed, including a recommendation for the continuation or termination of supervision;
7. whether or not any or all of the parties presently consume drugs or alcohol in a manner that adversely impacts his/her/their ability to provide proper parental care to the child/ren; in so doing, the assessor may request any party or a child of the parties to submit to random drug testing, including urine and hair follicle testing; whether or not the child/ren are fearful of one of the parties including, but not limited to, at custody exchanges;
8. the identification of present mental health issues and/or concerns in any or all parties and, for each party about whom issues or concerns are identified, how those issues or concerns are likely to impact the party's ability to provide a consistent and safe environment during custody time;
9. in cases involving a disabled party, the identification of any and all adaptive equipment or supportive services that are available which enable the disabled party to carry out the responsibilities of parenting the child/ren;
10. the circumstances and conditions under which the child/ren would likely benefit from the reunification with and/or resumption of a relationship with one of the parties; and
11. any other factual issue that is narrowly-defined by the court.

F. Motion/ Stipulation/ Order of Assessment/Assessment.

1. Every motion or stipulation for the performance of a brief focused assessment shall include specific issues to be addressed in the assessment;
2. Every order for brief focused assessment shall include:
 - a. the name of the assessor;
 - b. the referral question(s) for assessment;
 - c. names and dates of birth of those assessed;
 - d. documentation that limits of confidentiality were explained;
 - e. a requirement that the parties cooperate as requested by the assessor, including that they execute any and all releases of information necessary

- for the assessor to obtain access to documents that are relevant to the referral question(s);
- f. provide for the assessor to have access to all records, public or private, relating to the question to be determined by the assessor;
 - g. require each party to sign releases for such information as requested by the assessor;
 - h. assign responsibility for payment; and
 - i. require a written assessment to be prepared unless the court orders otherwise.
3. Every brief focused assessment shall include:
- a. a discussion of issues related to the referral question, including acknowledgment of the limitation to the data and possible alternative hypotheses;
 - b. recommendations relevant to the issues raised in the referral question, if requested by the court; and
 - c. other concerns or issues arising from the assessment for the consideration of the court.
4. All assessments shall be conducted in accordance with the Association of Family and Conciliation Courts' (AFCC) Guidelines for Brief Focused Assessment.

G. Admissibility of Reports. A report prepared consistent with this rule shall be admissible into evidence, subject to cross-examination. The court may consider the information contained in the report in resolving the issue(s) addressed in the assessment. The Idaho Rules of Evidence do not exclude the report from consideration by the court.

H. Form of the Report and Transmittal to the Court. The written report shall be submitted to the court provided that copies are contemporaneously distributed to the parties. The parties shall have an opportunity to cross-examine the assessor if the contents of the assessment are introduced into evidence in the form of expert testimony or a written report. If the report is oral, the court shall not hear the contents of the report and findings unless both parties are present.

I. Judicial Immunity. An assessor appointed to conduct a brief focused assessment pursuant to this Rule has qualified judicial immunity in accordance with Idaho law as to all acts undertaken pursuant to and consistent with the order of appointment.

6. That Rule 803 be, and the same is hereby, amended as follows:

Rule 803. Judgments.

D. Entry of judgment. Subject to the provisions of Rule 804: (1) upon a decision by the court that a party shall recover only a sum certain or costs or that all relief shall be denied, the court shall sign the judgment and the judgment shall be entered by the judge or clerk; (2) upon a decision by the court granting other relief, the court shall approve the form and sign the judgment, and the judgment shall be entered by the judge or the clerk. Every judgment and

amended judgment shall be set forth on a separate document as required in Rule 803.A. The filing of a judgment by the court as provided in Rule 205.E. or the placing of the clerk's filing stamp on the judgment constitutes the entry of the judgment; and the judgment is not effective before such entry. The entry of the judgment shall not be delayed for the taxing of costs.

7. That a NEW Rule 819 be, and the same is hereby, ADOPTED as follows:

Rule 819. Notice of orders or judgments.

Immediately upon the entry of an order or judgment the clerk of the district court, or magistrates division, shall serve a copy thereof, with the clerk's filing stamp thereon showing the date of filing, by mail on every party affected thereby by mailing or delivering to the attorney of record of each party, or if the party is not represented by an attorney, by mailing to the party at the address designated by the prevailing party as most likely to give notice to such party. The prevailing party, or other party designated by the court to draft an order or judgment, shall provide and deliver to the clerk sufficient copies for service upon all parties together with envelopes addressed to each party, as provided above, with sufficient postage attached, unless otherwise ordered by the court. The clerk shall make a note in the court records of the mailing. Such mailing is sufficient notice for all purposes for which notice of the entry of an order is required by these rules; but any party preparing a proposed order or a proposed judgment shall in addition serve a copy on each party in the manner provided in Rule 205 for the service of papers. Lack of notice of entry of an order or judgment does not affect the time to appeal or to file a post-judgment motion, or relieve or authorize the court to relieve a party for failure to appeal or file a post-trial motion within the time allowed, except where there is no showing of mailing by the clerk in the court records and the party affected thereby had no actual notice.

8. That Rule 1001(D) be, and the same is hereby, amended as follows:

Rule 1001. Other Family Law Services and Resources.

In addition to services prescribed elsewhere in these rules, the court may order the services set forth in this rule, if available, in a family law case.

A. **Mental health services.** The court may order parties to engage in mental health services, including, but not limited to, counseling and other therapeutic interventions.

B. **Substance abuse screening and testing in cases where custody or parenting time are at issue.** Upon an allegation or showing that a party has abused drugs or alcohol, including prescription medication, the court may order substance abuse screening and random testing of that party. The court shall designate the frequency of testing and apportion responsibility for payment of screening and testing.

C. **Parent education.** The court may order the parties to engage in parent education. The court may order supplemental or additional education, such as parenting skills classes and parental conflict resolution classes.

D. **Family violence prevention services, domestic violence shelters, and advocacy services.** Goals of the court include prevention of domestic violence and protection of parties and children from domestic violence. In pursuit of these goals, the court may implement family violence prevention services, including, but not limited to, family violence prevention centers

and victim advocacy services. If the court finds evidence of an act or threat of domestic violence in a case, the court may refer the parties to services that the court deems appropriate for victims and batterers.

9. That the IDAHO RULES OF FAMILY LAW PROCEDURE INDEX be, and the same is hereby, amended as follows:

Family Law Procedure Order
Family Law Procedure Cross Reference Tables
PART I. GENERAL ADMINISTRATION.

Rule
101. Scope of Rules.

117. Conduct of Proceedings.
118. Telephonic Appearance.
~~118~~119. Participation of Children in Proceedings.
120. Dismissal of Inactive Cases.

10. That the APPENDIX be, and the same is hereby, amended to include the following forms attached hereto and incorporated by reference herein:

Form 5
Form 6
Form 7

11. That APPENDIX Forms 1, 2, and 3 be, and the same are hereby, amended as attached hereto and incorporated herein.

IT IS FURTHER ORDERED, that this order and these amendments shall be effective July 1, 2016.

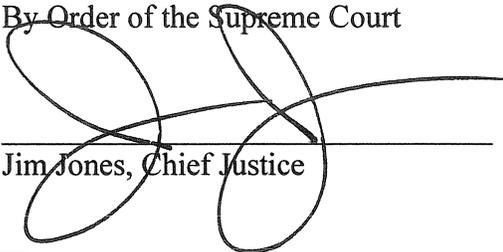
IT IS FURTHER ORDERED, that the above designation of the striking of words from the Rules by lining through them, and the designation of the addition of new portions of the Rules by underlining such new portion is for the purposes of information only as amended, and

NO OTHER AMENDMENTS ARE INTENDED. The lining through and underlining shall not be considered a part of the permanent Idaho Rules of Family Law Procedure.

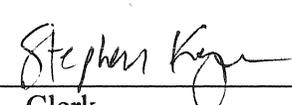
IT IS FURTHER ORDERED, that the Clerk of the Court shall cause notice of this Order to be published in one issue of *The Advocate*.

DATED this 27th day of April, 2016.

By Order of the Supreme Court



Jim Jones, Chief Justice

ATTEST: 

Clerk

I, Stephen W. Kenyon, Clerk of the Supreme Court of the State of Idaho, do hereby certify that the above is a true and correct copy of the Order entered in the above entitled cause and now on record in my office.
WITNESS my hand and the Seal of this Court 4/27/16



Clerk
By: 

Deputy

Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

Email Address

IN THE DISTRICT COURT FOR THE _____ JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

_____,
Petitioner,

vs.

_____,
Respondent.

Case No. _____

PETITIONER'S RESPONDENT'S
INVENTORY OF PROPERTY AND DEBTS

I. PROPERTY

List all property acquired during your marriage in which you or your spouse claims to have a community interest. Value of the property is the current fair market value. If you need additional room, add a separate sheet of paper.

	Description	Date Acquired	Value	Proposed allocation [H or W]
	A. Financial Institution Accounts: Cash and deposit accounts: Savings, Checking, Credit Union, Money Market, etc. Include financial institution's name, branch and last four numbers of account number			
1				
2				
3				
4				
5				

Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

Email Address

IN THE DISTRICT COURT FOR THE _____ JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

Petitioner,

vs.

Respondent.

Case No. _____

UNIFORM FAMILY LAW
INTERROGATORIES

PLEASE TAKE NOTICE that you are hereby required to answer the following Interrogatories, under oath, within thirty (30) days from the service hereof, and that your answers must be in conformance with all provisions of Rule 413 of the Rules of Family Law Procedure.

PRELIMINARY STATEMENT

A. When answering these Interrogatories, you are requested to furnish all information available to you, including information in the possession of your attorneys, investigators, experts, employees, agents, representatives, guardians, or any other person or persons acting on your behalf, not merely such information as is known by you on personal knowledge.

B. If you cannot answer any of the following Interrogatories in full, after exercising due diligence to secure the information to do so, so state, and answer to the extent possible, specifying your inability to answer the remainder, and stating whatever information and knowledge you have concerning the unanswered portion.

C. If after responding to these interrogatories, you acquire any information responsive thereto, you are required to serve supplemental responses containing such information pursuant to Rule 413(J) of the Rules of Family Law Procedure.

BACKGROUND AND PERSONAL HISTORY

1. NAME AND CONTACT INFORMATION.

State your full name, current residence, telephone number, last three digits of your social security number, and date of birth; any names by which you have been known in the past; and, for any other person residing in your household, the full name, current residence, telephone number, social security number, date of birth, and any names by which that person has been known in the past.

ANSWER: _____

2. EDUCATION AND TRAINING

Please provide the extent of your education, course of study, degrees obtained, and date obtained.

ANSWER: _____

3. EMPLOYMENT

a. State the name and address of each employer you have had during the last 3 years, and list your job title at each such employment. If you have been self-employed at any time during those 3 years, so state and give months and years.

ANSWER: _____

b. State the gross monthly income from each employer or source of income named in paragraph a.

ANSWER: _____

c. State the monthly take home from your current employment.

ANSWER: _____

d. Have you engaged in any part-time employment in addition to your regular occupation within the past 3 years? (Y/N) _____. If yes, state whether you are still engaged in this part-time employment and state your monthly income from this employment.

ANSWER: _____

e. Have you received overtime pay, commissions or bonuses within the last 3 years? (Y/N) _____. If yes, state below the monthly gross amount you have earned from overtime pay and the dollar amount of each commission and/or bonus received.

ANSWER: _____

f. Attach your 2 most recent payroll stubs and your contract of employment.

ANSWER: _____

4. DEFERRED COMPENSATION, RETIREMENT BENEFITS, AND DISABILITY PAY

Do you have an IRA or are you or have you ever been a participant in a retirement plan (such as a pension, deferred compensation, profit-sharing, stock, investment, thrift savings, 401(k), etc.), hereinafter referred to as "plan," or are you receiving or have you ever received disability pay?
(Y/N) _____. If yes:

a. Describe each plan.

ANSWER: _____

b. Indicate whether each plan is qualified with the IRS.

ANSWER: _____

c. State the name of the plan and the name and address of the trustee and the plan administrator.

ANSWER: _____

d. State the date you began the employment that permitted you to participate in the plan and the number of years and months in which you have participated and are entitled to credit.

ANSWER: _____

e. State the value of your interest as of the last valuation date and state that date.

ANSWER: _____

f. Attach a copy of your current plan and your most recent plan statement.

ANSWER: _____

g. State whether there is a survivor benefit available on the plan. If yes, state who is named the survivor of the plan.

ANSWER: _____

h. Do you receive any disability pay? (Y/N)_____. If yes, provide the amount of disability pay received each month.

ANSWER: _____

5. HEALTH INSURANCE

Do you have health insurance through your present employer? (Y/N)_____. If yes, answer the following:

a. Names of the persons covered by the health plan:

ANSWER: _____

b. The cost to insure yourself only, if there is a cost:

ANSWER: _____

c. Cost to insure your spouse, if there is a cost:

ANSWER: _____

d. Cost to insure your child, if there is a cost:

ANSWER: _____

e. What is the deductible?

ANSWER: _____

f. What is the co-pay?

ANSWER: _____

6. OTHER INCOME

Do you have any sources of income other than as described in Interrogatory No. 3? (Y/N) _____. If yes, state each source of income and the amount received from each source in this year and in each of the last 3 calendar years. Attach a copy of each document showing each additional source of income.

ANSWER: _____

7. LIFE INSURANCE

Do you presently own or have an interest in any life insurance or annuity policy? (Y/N) _____. If yes, for each policy, state:

a. The name and address of the insurance company.

ANSWER: _____

b. The type of policy, i.e., term, straight life, universal, whole life, tax deferred annuity or other.

ANSWER: _____

c. Whether that insurance is connected with your employment and if the employer pays for the cost of the health insurance.

ANSWER: _____

d. The amount and date of any loan(s) taken on the policy.

ANSWER: _____

e. The present cash surrender value of the policy, if any.

ANSWER: _____

f. Cost to you, if any, on an annual basis.

ANSWER: _____

g. The name of each beneficiary and what percentage to each beneficiary.

ANSWER: _____

8. EMPLOYMENT BENEFITS

In the past calendar year have you received, or do you expect to receive in the next twelve months any employment related benefits, such as a vehicle or vehicle allowance, stock options, pension or profit-sharing payments, vacation pay or expense account payments or reimbursements? (Y/N) _____. If yes, specify the benefits you received or expect to receive.

ANSWER: _____

9. CHILD CUSTODY

a. Do you believe that you and your spouse can reach an agreement concerning custody and parenting time without the intervention of the court or conciliation services? (Y/N) ____

b. How do you want to share parenting time between parents?

ANSWER: _____

1. How do you want to divide the week?

ANSWER: _____

2. How do you want to divide holidays?

ANSWER: _____

3. How do you want to divide summer or other school recesses?

ANSWER: _____

c. How do you propose making the following decisions regarding your child:

1. Physical/medical matters.

ANSWER: _____

2. Psychological/psychiatric matters.

ANSWER: _____

3. Legal matters.

ANSWER: _____

4. Religious matters.

ANSWER: _____

5. Educational matters.

ANSWER: _____

6. Activities and/or sports.

ANSWER: _____

d. Does a child of the relationship have special needs or disabilities? (Y/N)
____. If yes, state:

1. What are the child's special needs?

ANSWER: _____

2. Itemize the extraordinary expenses and amounts associated with caring for this child?

ANSWER: _____

3. Is this child over the age of 18? (Y/N) ___.

e. What, if any, concerns do you have about the other parent's parenting skills?

ANSWER: _____

f. For each answer you provided above, list each and every fact supporting your position.

ANSWER: _____

10. CHILD PROTECTIVE SERVICES

Have you or has any person residing in your household ever been investigated by any agency in any state for any reason related to abuse or neglect of children? (Y/N) __. If yes, state:

a. State and agency investigating;

ANSWER: _____

b. Date of investigation;

ANSWER: _____

c. Reason for investigation; and

ANSWER: _____

d. Outcome/findings.

ANSWER: _____

11. PERSONAL LIMITATIONS

Do you have any mental or physical limitations that would affect your ability to care for your minor child? (Y/N)_____. If yes, identify the limitations in detail.

ANSWER: _____

12. DRIVING HISTORY

a. Has any jurisdiction revoked or suspended your driver's license or placed you on probation? If yes, state:

1. Jurisdiction:

ANSWER: _____

2. Approximate date(s) and reason for revocation, suspension, or probation:

ANSWER: _____

b. Have you had any moving violations in the last 3 years? (Y/N) _____. If yes, state:

1. Jurisdiction:

ANSWER: _____

2. Approximate date(s) and nature of moving violations:

ANSWER: _____

13. EMPLOYMENT HISTORY

Have you been the subject of disciplinary complaints at any place of employment? If yes, provide explanation and details.

ANSWER: _____

14. CRIMINAL HISTORY

Have you or has any person residing in your household been investigated or arrested for any criminal behavior? (Y/N) __. If yes, state:

a. The individual.

ANSWER: _____

b. Name and location of investigating and/or arresting agency.

ANSWER: _____

c. Approximate date.

ANSWER: _____

d. The alleged criminal behavior.

ANSWER: _____

e. Disposition.

ANSWER: _____

15. DOMESTIC VIOLENCE

a. Have you, your spouse, or any person residing in your household been investigated, arrested or a party to any litigation, in any court of this state or any other state in the United States, which relates to domestic violence? (Y/N) _____. If yes, state:

1. The individual.

ANSWER: _____

2. Name and location of investigating and/or arresting agency.

ANSWER: _____

3. Name and location of the court where the action was filed.

ANSWER: _____

4. Nature of the complaint.

ANSWER: _____

5. Disposition.

ANSWER: _____

6. Expiration date of any resultant order.

ANSWER: _____

b. Have you, your spouse, or any person residing in your household been subject to an order of any court of this state or any other state in the United States which limits or prohibits conduct or actions because of violence or physical abuse? (Y/N)____. If yes, provide details regarding the order, including specific dates, names of the person subject to such order, other person(s) involved and any conditions, limitations or prohibitions contained in the order.

ANSWER: _____

c. Have there been allegations of child abuse, neglect or abandonment filed against you, your spouse, or any person residing in your household through child protective services or a similar agency, by any law enforcement agency, or by any juvenile courts in any state of the United States? (Y/N)____. If yes, provide details regarding the nature and disposition of said allegations or investigations, including specific dates, names of investigators and other person(s) involved.

ANSWER: _____

16. LAW SUITS

During the last 3 years have either you or your spouse suffered an injury for which you believe you may receive compensation or have you been a party to any lawsuit? (Y/N) . If yes, give details below.

ANSWER: _____

17. TAX RETURNS

Did you file federal and state income tax returns for the last 5 tax years? (Y/N)____
_____. If yes, as to each tax year state:

a. Was it a joint or separate return?

ANSWER: _____

b. Who currently has a copy of that return?

ANSWER: _____

c. Who prepared the return?

ANSWER: _____

18. FINANCIAL STATEMENTS

Has any financial statement, loan application, and/or credit application been prepared for you or by you or for any business entity in which you have an ownership interest within the past 2 years? (Y/N)_____. If yes, state:

a. The date, name and address of each person, firm, corporation, partnership, mercantile or trade agency, or other organization to whom they were submitted.

ANSWER: _____

19. ATTORNEYS' FEES AND COSTS

State the terms and conditions of the employment of your attorney in this case, including the hourly rate or other basis for fees.

ANSWER: _____

20. WITNESSES AND EXHIBITS

a. Do you intend to offer any documents into evidence at the time of hearing/trial of this case? (Y/N) _____. If yes, state:

1. The description, subject matter, form, name and number of each and every document:

ANSWER: _____

b. List the name, address and telephone number of all individuals with knowledge of any issues in this case.

ANSWER: _____

c. Have you employed or do you intend to employ any expert witness for purposes of supporting any of your allegations in this litigation and/or for purposes of testifying at the trial of this action? (Y/N) _____. If yes, unless otherwise already disclosed pursuant to the mandatory disclosure, state or provide with regards to each expert:

1. The expert's name, or other means of identification, last known complete address and telephone number:

ANSWER: _____

2. The expert's profession, job title, or occupation and the field in which that person is an expert:

ANSWER: _____

3. Whether you intend to call the expert as a witness during the hearing/trial of this action:

ANSWER: _____

4. The substance of the facts and opinions to which the expert witness is expected to testify:

ANSWER: _____

CERTIFICATION UNDER PENALTY OF PERJURY

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Date: _____

Typed/printed

Signature

Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

Email Address

IN THE DISTRICT COURT FOR THE _____ JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

Petitioner,

vs.

Respondent.

Case No. _____

PETITIONER'S RESPONDENT'S
AFFIDAVIT
 IN SUPPORT OF
 IN OPPOSITION
TO MOTION FOR TEMPORARY ORDERS

IMPORTANT INFORMATION ABOUT THIS DOCUMENT

WARNING TO BOTH PARTIES: This Affidavit is an important document. You must fill out this Affidavit completely, and provide accurate information. You must file this Affidavit with the court along with all required documents and serve copies to the other party.

INSTRUCTIONS

1. Complete the entire Affidavit in black ink. If the spaces provided on this form are inadequate, use separate sheets of paper to complete the answers and attach them to the Affidavit. Answer every question completely! You must complete every blank. If you do not know the answer to a question or are guessing, please state that. If a question does not apply, write "NA" for "not applicable" to indicate you read the question. Round all amounts of money to the nearest dollar.

2. Answer the following statements **YES** or **NO**. If you mark **NO**, explain your answer on a separate piece of paper and attach the explanation to the Affidavit.

YES NO
 YES NO
 YES NO

1. I listed all sources of my income.
2. I attached copies of my two (2) most recent pay stubs.
3. I attached copies of my W-2 and 1099 forms for all sources of income for the last two years

1. **GENERAL INFORMATION:**

- A. Name: _____ Date of Birth: _____
 B. Social Security Number: _____
 C. Current Address: _____
 D. Date of Marriage: _____ Date of Divorce: _____
 E. Last date when you and the other party lived together: _____
 F. Names of children common to the parties in this case, their dates of birth, and Social Security Number(s):

Full Name of Child	Date of Birth	Social Security Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

G. The present address for each child identified above is _____

H. For the past five years, the children have resided with Petitioner and/or Respondent as follows: [PUT IN ADDRESSES, BEGINNING AND ENDING DATES].

	Address	Dates	Resided With	Relationship
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

The name, date of birth, relationship to you, and gross monthly income for each individual who lives in your household:

Name	Date of Birth	Relationship to You	Income
_____	_____	_____	_____
_____	_____	_____	_____

I. Any other person for whom you contribute support:

Name	Age	Relationship to You	Reside with You (Y/N)	Court Order to Support (Y/N)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT PROVISIONS:

Answer the following:

A. I have not participated as a party or witness or in any other capacity, in any other proceeding concerning the custody of or visitation with the child/ren identified above.

or

I have participated as a party or witness or in another capacity in the following proceedings concerning the custody or visitation with the child/ren identified above: [INPUT INFORMATION INCLUDING COURT CASE NUMBER AND TYPE OF PROCEEDING] _____

B. I do not know of any proceeding that could affect the current proceeding, including proceedings for enforcement and proceedings related to domestic violence, protective orders, termination of parental rights, and adoptions.

I know of the following proceedings that could affect the current proceeding: (identify each proceeding by court, case number, and the nature of the proceeding) _____

C. There is not a child protection proceeding pending involving any of the children identified above.

or

There is a child protection proceeding pending involving the children identified above. (identify the court and case number) _____

3. YOUR EMPLOYMENT INFORMATION:

A. Your job/occupation/profession/title: _____
Name and address of current employer: _____

Date employment began: _____
How often are you paid: Weekly Every other week Monthly Twice a month
 Other _____

B. If you are not working, why not? _____

C. Previous employer name and address: _____

Previous job/occupation/profession/title: _____
Date previous job began: _____ Date previous job ended: _____
Reason you left job: _____
Gross monthly pay at previous job: \$ _____

D. Total gross income for the last two years:
Year _____ \$ _____ Year _____ \$ _____

E. Your total gross income from January 1 of this year to the date of this Affidavit (year-to-date income): \$ _____

4. YOUR EDUCATION/TRAINING: List name of school, length of time there, a year of last attendance, and degree earned:

- A. High School: _____
- B. College: _____
- C. Post-Graduate: _____
- D. Occupational Training: _____

5. YOUR CURRENT GROSS MONTHLY INCOME:

- List below all income you receive from any source, whether private or governmental, taxable or not.
- List all income payable to you individually or payable jointly to you and your spouse.
- Use a monthly average for items that vary from month to month.
- Multiply weekly income and deductions by 4.33. Multiply biweekly income by 2.165 to arrive at the total amount for the month.

A. Gross Salary/wages per month \$ _____

• Attach copies of your two most recent pay stubs.

Rate of Pay \$ _____ per hour week month year

B. Expenses paid for by your employer:

- 1. Automobile \$ _____
- 2. Auto expenses, such as gas, repairs, insurance \$ _____
- 3. Lodging \$ _____
- 4. Other (explain) _____ \$ _____

C. Commissions/Bonuses \$ _____

D. Tips \$ _____

E. Self-Employment Income (see below)	\$ _____
F. Social Security Benefits	\$ _____
G. Worker's Compensation and/or disability income	\$ _____
H. Unemployment compensation	\$ _____
I. Gifts/Prizes	\$ _____
J. Payments from prior spouse	\$ _____
K. Rental income (net after expenses)	\$ _____
L. Contributions to household living expenses by others	\$ _____
M. Other (explain): _____ (include dividends, pensions, interest, trust income, annuities, or royalties.)	\$ _____
TOTAL:	\$ _____

6. SELF-EMPLOYMENT INCOME (if applicable):

If self employed, provide the following information:

Name, address and telephone number of business: _____

 Type of business entity: _____
 State and Date of incorporation: _____
 Nature of your interest: _____
 Nature of business: _____
 Percent ownership: _____
 Number of shares of stock: _____
 Total issued and outstanding shares: _____
 Gross sales/revenue last 12 months: _____

INSTRUCTIONS

Both parties must answer item 7 if either party asks for child support. These expenses include only those expenses for children who are common to the parties, which means one party is the birth/adoptive mother and the other is the birth/adoptive father of the children.

7. SCHEDULE OF ALL MONTHLY EXPENSES FOR CHILDREN:

- **DO NOT LIST** any expenses for the other party, or children who live with the other party, **unless** you are paying those expenses.
- Use a monthly average for items that vary from month to month.
- If you are listing anticipated expenses, indicate this by putting an asterisk (*) next to the estimated amount.

A. HEALTH INSURANCE:

1. Total monthly cost:	\$ _____
2. Premium cost to insure you alone:	\$ _____
3. Premium cost to insure children common to the parties	\$ _____
4. List all people covered by your insurance coverage	

5. Name of insurance company and Policy/Group Number:

B. DENTAL/VISION INSURANCE:

1. Total monthly cost: \$ _____
2. Premium Cost to insure you alone: \$ _____
3. Premium cost to insure children common to the parties: \$ _____
4. List all people covered by your insurance coverage:

5. Name of insurance company and Policy/Group Number:

C. UNREIMBURSED MEDICAL AND DENTAL EXPENSES:

(Cost to you after, or in addition to, any insurance reimbursement)

1. Prescriptions and medical supplies: \$ _____
2. Other: _____ \$ _____

TOTAL:

\$ _____

D. CHILD CARE COSTS:

1. Total monthly child care costs: \$ _____
 (do not include amounts paid by H&W or other State Assistance programs)

2. Names of children cared for and amount per child:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

3. Name(s) and address(es) of child care provider(s):

E. EMPLOYER PRETAX PROGRAM:

Do you participate in an employer program for pretax payment of child care expenses (cafeteria plan)? YES NO

F. COURT ORDERED CHILD SUPPORT:

1. Court ordered current child support for children **Not common to the parties** \$ _____
2. Amount of any arrears payment \$ _____
3. Amount per month actually paid in last 12 months: \$ _____
 - **Attach proof that you are paying**
4. Names and relationship of minor children who you support or who live with you, but are not common to the parties:

G. COURT ORDERED SPOUSAL MAINTENANCE/SUPPORT (Alimony):

1. Court ordered spousal maintenance/support you actually pay to previous spouse: \$ _____

H. EXTRAORDINARY EXPENSES:

1. For **Children** (Educational Expense/Special Needs/Other): \$ _____
Explain: _____

2. For **Self**: \$ _____
Explain: _____

INSTRUCTIONS

Both parties must answer items 8 and 9 if either party is requesting:

- Spousal maintenance
- Division of expenses
- Attorneys' fees and costs
- Adjustment or deviation from the child support amount
- Enforcement

8. SCHEDULE OF ALL MONTHLY EXPENSES:

- Do NOT list any expenses for the other party, or children who live with the other party unless you are paying those expenses.
- Use a monthly average for items that vary from month to month.
- If you are listing anticipated expenses, indicate this by putting an asterisk (*) next to the estimated amount.

A. HOUSING EXPENSES:

- 1. House payment:
 - a. First Mortgage: \$ _____
 - b. Second Mortgage: \$ _____
 - c. Homeowners Association Fee: \$ _____
 - d. Rent: \$ _____
 - 2. Repair & Upkeep: \$ _____
 - 3. Yard work/Pool/Pest control: \$ _____
 - 4. Insurance & Taxes not included in house payment: \$ _____
 - 5. Other (explain): _____ \$ _____
- TOTAL:** \$ _____

B. UTILITIES:

- 1. Water, sewer, and garbage: \$ _____
 - 2. Electricity: \$ _____
 - 3. Gas: \$ _____
 - 4. Telephone: \$ _____
 - 5. Mobile Phone/Pager: \$ _____
 - 6. Internet Provider: \$ _____
 - 7. Cable/Satellite Television: \$ _____
 - 8. Other (explain): _____ \$ _____
- TOTAL:** \$ _____

C. FOOD:

- 1. Food:
- 2. School lunches:
- 3. Meals outside home

TOTAL:

\$ _____
 \$ _____
 \$ _____
 \$ _____

D. CLOTHING:

- 1. Clothing for you:
- 2. Uniforms or special work clothes:
- 3. Clothing for children living with you:

TOTAL:

\$ _____
 \$ _____
 \$ _____
 \$ _____

E. TRANSPORTATION OR AUTOMOBILE EXPENSES:

- 1. Car insurance
- 2. List all cars and individuals covered:

- 3. Car payment, if any:
- 4. Car repair and maintenance:
- 5. Gas and oil:
- 6. Bus fare/parking fees:
- 7. Other (explain): _____

TOTAL:

\$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____

F. MISCELLANEOUS:

- 1. School and school supplies:
- 2. School activities or fees:
- 3. Extracurricular activities of children:
- 4. Church/Contributions:
- 5. Newspapers, magazines and books:
- 6. Barber and Beauty Shop:
- 7. Life insurance (beneficiary: _____)
- 8. Disability insurance:
- 9. Recreation/Entertainment:
- 10. Children's allowance:
- 11. Union/Professional dues:
- 12. Voluntary retirement contributions and savings deductions:
- 13. Pet Expenses:
- 14. Cigarettes:
- 15. Alcohol:
- 16. Other (explain): _____

TOTAL:

\$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____

INSTRUCTIONS

Both parties must answer item 10 and 11 if either party asks for temporary custody. The requested information applies only to the children common to the parties, which means one party is the birth/adoptive mother and the other is the birth/adoptive father of the children.

10. CUSTODY:

A. The opposing party and I were unable to reach an agreement in mediation regarding the temporary custody of our child.

or

I have asked the opposing party to participate in mediation and he/she has refused.
• **Attach copy of letter requesting mediation.**

B. A temporary custody schedule is necessary for the well-being of the child because:

C. During our marriage, we cared for the child in the following manner: (input care given i.e. I have been the primary caretaker and my spouse has been the primary breadwinner.) _____

D. Since our separation (or since entry of the last custody order), our child has been with each of us according the following schedule: _____

E. My work schedule is as follows: _____

F. To the best of my knowledge, the opposing party's work schedules is as follows: _____

G. The child has been with the following care providers when we are unable to care for him/her/them because of work: _____

H. Our child attends school at (name of school) _____ which is located _____ miles away from my residence and _____ miles from the opposing party's residence.

I. Our child is involved in the following extracurricular activities (describe the activity and schedule of time requirement for practices, games, etc.) _____

J. I participate in the child's activities by (give examples) _____

K. The opposing party participates OR does not participate by (give examples) _____

L. Our child has the following special needs: (input any physical health or mental health conditions) _____

11. DOMESTIC VIOLENCE:

A. There has been no domestic violence in our relationship.

or

There has been domestic violence in our relationship. The most recent incident occurred on (date) _____.

Describe incident and summarize any other notable history of domestic violence. _____

Describe and identify any criminal and civil cases involving the parties. _____

Describe the nature and extent of any circumstances known to the moving party that would subject the child/ren to a risk of neglect or abuse in either parent's custody including, but not limited to, substance abuse or dependence, and domestic violence. If there is substance dependence or abuse, identify the substance and the affiant's personal knowledge of the issue. _____

B. I am requesting the court enter a temporary custody schedule as follows: (identify schedule desired/in the best interest of the child) _____

12. PRENUPTIAL AGREEMENT:

Do you have a prenuptial agreement, postnuptial agreement, or other marital settlement agreement? Yes No

CERTIFICATION UNDER PENALTY OF PERJURY

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Date: _____

Typed/printed

Signature

Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

Email Address

IN THE DISTRICT COURT FOR THE _____ JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

Petitioner,
vs.

Respondent.

Case No. _____

AFFIDAVIT VERIFYING INCOME

I hereby state under oath that the following information is true:

A. GROSS INCOME	FATHER	MOTHER
1. Wages, salary, commissions, bonuses, etc.	_____	_____
2. Rent, royalties, trade, or business income, etc. (net of ordinary & necessary expenses)	_____	_____
3. Interest, dividends, pensions, annuities, etc.	_____	_____
4. Social security, worker's compensation, unemployment benefits, disability, veterans' benefits, etc.	_____	_____
5. Public assistance, welfare for self (not children)	_____	_____
6. Alimony	_____	_____
7. Grants, distributions from trusts, etc.	_____	_____
8. Other	_____	_____
9. SUBTOTAL	_____	_____

B. DEDUCTIONS FROM GROSS INCOME (I.C.S.G. Sections 6 and 7)	FATHER	MOTHER
1. Straight line depreciation on assets	_____	_____
2. One-half of self-employment Social Security taxes	_____	_____
3. Child support & alimony from another relationship	_____	_____
4. Support for child of another relationship living in the home	_____	_____
5. DEDUCTIONS SUBTOTAL	_____	_____
C. GROSS INCOME, AS ADJUSTED (line B5 subtracted from line A9)	_____	_____
D. IN-KIND BENEFITS (I.C.S.G. Section 6(b)) (housing, food, transportation, recreation)	_____	_____
E. POTENTIAL INCOME (I.C.S.G. Section 6(c)) Potential earned income + Potential unearned income	_____	_____
F. GUIDELINES INCOME (C + D + E)	_____	_____
G. MONTHLY I.C.S.G. INCOME (F ÷ 12 months)	_____	_____

CERTIFICATION UNDER PENALTY OF PERJURY

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Date: _____

Typed/printed

Signature

Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

Email Address

IN THE DISTRICT COURT FOR THE _____ JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

Petitioner,
vs.

Respondent.

Case No. _____

**STANDARD CHILD SUPPORT
WORKSHEET**

CHILDREN

DATE OF BIRTH

	<u>FATHER</u>	<u>MOTHER</u>	<u>COMBINED</u>
1. MONTHLY ICSG INCOME (from Affidavit)	\$ _____	\$ _____	\$ _____
2. PERCENTAGE SHARE OF INCOME (Each parent's income on line 1 divided by Combined Income)	_____ %	_____ %	100.00%
3. BASIC CHILD SUPPORT OBLIGATION (Apply line 1 Combined to Child Support Schedule)			\$ _____
4. EACH PARENT'S SUPPORT OBLIGATION (Multiply line 2 times line 3 for each parent)	\$ _____	\$ _____	

5. RECOMMENDED BASE SUPPORT: \$ _____ \$ _____
 (Bring down the amount from line 4 for the non-custodial parent)

	<u>FATHER</u>	<u>MOTHER</u>	<u>COMBINED</u>
6. Other costs to be considered by the Court:	\$ _____	\$ _____	
a. Work-related childcare expenses (+/-)	\$ _____	\$ _____	\$ _____
b. Health insurance premiums and uninsured health care expenses paid by () Mom () Dad (+/-)	\$ _____	\$ _____	\$ _____
c. Total tax benefit for all exemptions divided by 12			\$ _____
Multiply benefit by line 2 % for each parent	\$ _____	\$ _____	
+/- (to off-set any excess benefit)	\$ _____	\$ _____	
7. Total AMOUNT TO BE ORDERED:	\$ _____	\$ _____	

PREPARED ON THIS _____ DAY OF _____, 20__.

 Typed/printed

 Signature

Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

Email Address

IN THE DISTRICT COURT FOR THE _____ JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

_____,
Petitioner,
vs.
_____,
Respondent.

Case No. _____

SHARED, SPLIT, OR MIXED CUSTODY
WORKSHEET

CHILDREN	BIRTH DATE	CHILDREN	BIRTH DATE	CHILDREN	BIRTH DATE
1.		2.		3.	
4.		5.			

	MOTHER	FATHER	COMBINED
1. MONTHLY I.C.S.G. INCOME (from Affidavit)	\$	\$	\$
2. SHARE OF INCOME FOR EACH PARENT (line 1 for each parent divided by Combined Income)			
3. BASIC COMBINED CHILD SUPPORT OBLIGATION (apply line 1 Combined to Child Support Schedule)			\$
4. EACH PARENT'S CHILD SUPPORT OBLIGATION (line 2 multiplied by line 3 for each parent)	\$	\$	
5. OBLIGATION ALLOCATION (line 4 divided by the number of children)	\$	\$	

6. ALLOCATION TO CHILD For each standard-custody child enter the amount from line 5. For each shared or split-custody child Multiply line 5 by 1.5 and enter in the appropriate box.	CHILD 1		CHILD 2		CHILD 3		CHILD 4		CHILD 5	
	Mom	Dad	Mom	Dad	Mom	Dad	Mom	Dad	Mom	Dad
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
7. PROPORTIONAL OBLIGATION Number of overnights with other parent Divided by 365. If $\geq .75$, enter 1. If $\leq .25$, enter 0. (For example, if child 1 lives with Mom 40% of the time, ".40" goes under "Dad" for child 1.) " \geq " means "greater than or equal to."										
8. PARENTS' OBLIGATION Line 6 times line 7 for each child.	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
9. EACH PARENT'S TOTAL SUPPORT (total from all boxes)						MOTHER \$		FATHER \$		
10. RECOMMENDED BASE SUPPORT (subtract the lesser amount from the greater in 9 and enter the difference under parent with greater obligation)						\$		\$		

OTHER COSTS TO BE CONSIDERED BY THE COURT:

- A. Work-related childcare expenses (+/-) \$ _____
- B. Health insurance premiums and uninsured health care expenses (+/-) \$ _____
- C. Total TAX BENEFIT for all exemptions divided by 12
 Multiply benefit by % for each parent
 (+/- to off-set any excess benefit) \$ _____

Total AMOUNT TO BE ORDERED \$ _____

COMMENTS, CALCULATIONS AND/OR REBUTTALS: _____

Date: _____

 Typed/printed

 Signature